

October 10, 2013

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

**Re: WC Docket Nos. 10-90 and 11-42  
2013 FCC Form 481 Annual Report  
Study Area Code: 160135**

Dear Secretary Dortch:

On behalf of Alteva of Warwick LLC, ACM, Inc., as the company's authorized representative, files the enclosed FCC Form 481 Carrier Annual Reporting Data Collection Form, as required by 47 C.F.R. § 54.313 and 54.422.

The FCC Form 481 has been submitted to USAC via its e-file system and copies of that submission are being provided to the FCC and state commission.

Please contact Kevin Schwenzfeier at (518) 374-2552 if you have any questions regarding this filing.

Sincerely,



Kevin Schwenzfeier  
President  
ACM, Inc.

FCC Form 481 - Carrier Annual Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	160135
<015>	Study Area Name	WARWICK VALLEY-NJ
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Kevin Schwenzfeier
<035>	Contact Telephone Number: Number of the person identified in data line <030>	518-374-2552
<039>	Contact Email Address: Email of the person identified in data line <030>	Kevin@acm-costconsulting.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
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<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<210>				
<300>	Unfulfilled Service Requests (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)			
<320>	Unfulfilled Service Requests (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)			
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0		
<420>	Mobile			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	16013501510 Functionality in Emergency Situations	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>		(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	16013501610 Company Price Offerings (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1000>		(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**  
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	518-374-2552
<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@acm-costconsulting.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

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 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	160135
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@acm-costconsulting.com

-- See attached worksheet --

<010>	Study Area Code	160135
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1/1/2013	
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-- See attached worksheet	
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**(800) Operating Companies  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	160135
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<035>	Contact Telephone Number - Number of person identified in data line <030>	518-374-2552
<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@acm-costconsulting.com
<810>	Reporting Carrier	Alteva of Warwick LLC
<811>	Holding Company	Alteva, Inc.
<812>	Operating Company	Alteva of Warwick LLC

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@acm-costconsulting.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@acm-costconsulting.com

<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@acm-costconsulting.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 160135nj1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@acm-costconsulting.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐  
☐  
☐  
☐
**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐  
☐  
☐  
☐

Name of Attached Document Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)} (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018) If the response is no on line 3014, Is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

**Certification - Reporting Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@acm-costconsulting.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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<035>	Contact Telephone Number - Number of person identified in data line <030>	518-374-2552
<039>	Contact Email Address - Email address of person identified in data line <030>	kevin@acm-costconsulting.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>Jennifer Brown</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Jennifer Brown
Name of Reporting Carrier:	WARWICK VALLEY-NJ
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/09/2013
Printed name of Authorized Officer:	Jennifer Brown
Title or position of Authorized Officer:	EVP & CAO
Telephone number of Authorized Officer:	267-234-7300
Study Area Code of Reporting Carrier:	160135 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	WARWICK VALLEY-NJ
Name of Authorized Agent or Employee of Agent:	Kevin Schwenzfeier
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/09/2013
Printed name of Authorized Agent or Employee of Agent:	Kevin Schwenzfeier
Title or position of Authorized Agent or Employee of Agent:	President
Telephone number of Authorized Agent or Employee of Agent:	518-374-2552
Study Area Code of Reporting Carrier:	160135 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

July 2013

[illegible]



**Service Quality Standards & Consumer Protection Rules Compliance**  
**FCC Form 481, Line 510**

Alteva of Warwick LLC complies with applicable service quality standards and consumer protections by (1) filing local service tariffs with the NJBPU and making rate and service information available to the public upon request; (2) clearly listing all charges and credits on customers' bills; (3) providing full and prompt investigation of, and response to, customer complaints; (4) providing access to enhanced 911 emergency report centers; (5) participating in statewide system for the hearing impaired; (6) complying with federal CPNI rules and other applicable consumer privacy protection requirements, including training of employees that have access to CPNI on the rules and procedures for protecting account information and authenticating callers; and (7) implementing procedures that are consistent with the FTC's guidance on measures to detect/prevent identity theft (Red Flag).

**Alteva of Warwick LLC**

**Functionality in Emergency Situations  
FCC Form 481, Line 610**

All of the company's facilities feature battery backup systems to prevent load drop events when street power is lost. Our systems are remote monitored 24/7 for such events. Upon an event being detected, a technician is dispatched to either confirm good working order of the generator services at the CO and/or Remote, or to deploy a portable generator for continued off grid operation.

In the event the company suffers a traffic overload, we receive alerts of trunk saturation and will reroute traffic where possible to alleviate such issues.

In the event of a physical failure, the main CO/Remote are configured in multiple self-healing rings. This allows traffic to route between locations if an intermediate link between locations is lost around the remaining facilities.

Company Name: Alteva of Warwick LLC (NJ)  
Calendar Year: 2012

**Lifeline Services Offered by Telephone Company**

Service Name	Non-Discounted Rate	Total Minutes Provided	Description of Additional Toll Charges (if any)	Lifeline Rate
Private Line	\$12.80	flat rate local	not included	\$3.55

Note: The company also discounts its bundled local service offerings by the same \$9.25 for lifeline customers.  
(<http://www.wvtc.com/residential-products/long-distance/calling-plans>)

Warwick Valley Telephone Company

Section 10Original Page No.           First Revised Page No. 9BReplacing Original Page No. 9B

## LOCAL EXCHANGE, TOLL RATES AND ZONE AREAS TARIFF RATES

## LIFELINE TELEPHONE SERVICE

## A. DESCRIPTION

## Lifeline Discounted Service

This service provides a credit against Local Service monthly rate (representing Federal Lifeline Support) of \$3.50 less the amount applied against the Federal Subscriber Line Charge. Lifeline Service is limited to one line per qualified customer. A Lifeline Service customer may not subscribe to any other type of Residence Local Exchange Service at the same premise or at another premise. Lifeline Service will not be provided using Foreign Exchange Service or Foreign Central Office Service.

\*\*  
\*

## B. GENERAL

Qualified customers may choose the Lifeline service as described. Message rate Lifeline is available only where central office facilities permit. For connection of new service, service connection charges apply unless the customer qualifies for connection assistance under the Link Up America Plan.

Service connection charges do not apply to change existing service from:

1. Message or flat rate services to Lifeline service;
2. Lifeline service to non-Lifeline message or flat rate services.

Issued- October 20, 1997  
By: Fred M. Knipp, President  
47 Main Street  
Warwick, New York 10990

Effective- November 10, 1997  
Filed Pursuant to an Order of the  
Board of Public Utilities  
Dated-                      Docket No

Warwick Valley Telephone Company

Section 10

Original Page No.           

Second Revised Page No. 9C

Replacing First Revised Page No. 9C

# LOCAL EXCHANGE, TOLL RATES AND ZONE AREAS TARIFF RATES

## LIFELINE TELEPHONE SERVICE (cont'd)

### C. REGULATIONS

a. These services are restricted to low income residential customers. To qualify for Lifeline service a customer must be certified as income eligible or a recipient of benefits from any one of the following Entitlement Programs administered by the State of New Jersey or the Federal Government:

1. Supplemental Security Income/Medicaid \*\*
2. Temporary Assistance to Needy Families/Work First New Jersey \*
3. General Assistance
4. Lifeline Utility Credit/Tenants Lifeline Assistance
5. Pharmaceutical Assistance to the Aged and Disabled
6. Food Stamp Program \*
7. Home Energy Assistance Program (HEAP) \*\*

b. Applicants must provide proof to the Company that they are certified as eligible to receive, currently receiving, or have received during the past year, one or more of the above benefits. Lifeline rate treatment will not begin until proof of eligibility is provided to the Company. A qualifying consumer must agree to notify the Company if that consumer ceases to participate in the above program or programs.

The lifeline discount is effective upon receipt of a completed form of eligibility. If the form is not returned, no further action is taken by the Company to establish eligibility.

c. The Company, in coordination with appropriate agencies, will make periodic verification of the customer's eligibility status. If, after verification, a customer is identified as being ineligible, the customer will be notified that unless the information is shown to be in error, the Lifeline discount will be discontinued. The customer will be billed for discounts received for the time that they were proven to be ineligible for the service.

Issued- October 20, 1997  
By: Fred M. Knipp, President  
47 Main Street  
Warwick, New York 10990

Effective- November 10, 1997  
Filed Pursuant to an Order of the  
Board of Public Utilities  
Dated-                      Docket No.



Warwick Valley Telephone Company

Section 10

Original Page No. 9D

First Revised Page No.       

Replacing        Page No.       

LOCAL EXCHANGE, TOLL RATES AND ZONE AREAS TARIFF RATES

LIFELINE TELEPHONE SERVICE (cont'd)

C. REGULATIONS

d. All past due balances and service restrictions will continue to apply to existing customers who qualify for Lifeline Service. Service restrictions will remain until the past due amount(s) have been paid in full.

e. Any Lifeline Service customer who has a past due balance of \$20.00 or more in toll messages charges will be automatically restricted from access to toll services until the outstanding balance is paid. The Restoral of Service Charge applies to Lifeline customers whose message toll service has been restricted for non-payment.

f. A Lifeline Service line will be blocked from access to 700,900,976, and all other Announcement Services.

g. Optional services available with Lifeline Service are limited to a Non-published listing, Call Block, Caller ID, and Call Trace.

h. The monthly credit in Section B.8. does not apply.

i. As part of Lifeline Service, toll blocking will be made available, if requested by the customer at no additional charge.

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Issued- October 20, 1997  
By: Fred M. Knipp, President  
47 Main Street  
Warwick, New York 10990

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